

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 113

Registered No. 139

1. PLACE OF BIRTH.

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amita Louise White { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Aug. 8, 1928.
Month Day Year

8. FATHER
Full name Jasper Atthington White
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

14. MOTHER
Full maiden name Dorothy Theresa Lane
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Silver City
(State or country) New Mexico

18. Birthplace (city or place) Say,
(State or country) Nevada

13. Occupation Stope Engineer
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:20 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. S. Harper
(Physician or midwife).

Given name added from a supplemental report. Address Globe, Ariz.

Month, day, year _____ Filled 9/13, 1928 G. E. Wightman
Registrar Registrar

165-808-435

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.